



SEMINOLE COUNTY RESIDENTIAL PERMIT APPLICATION

Job Address Street: _____ Date: _____
City: _____ Zip Code: _____
Directions To Jobsite _____

Owner Name: _____ Contractor: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Phone#: _____ Fax#: _____ Phone#: _____ Fax#: _____
Contact Person: _____ License Holder's Name: _____
Daytime Phone: _____ State Reg./Cert #: _____

* Attach proof of ownership: Tax Record from Seminole Co. Property Appraiser's Office, Tax Receipt, or Deed, ect. *
Parcel#: _____
Plat Book: _____ Page(s): _____ Subdivision Name: _____

Valuation of Work: (Estimate) \$ _____ Total Square Footage: _____
Total HVAC/Living Space Square Footage: _____

WORK DESCRIPTION

Single Family Detached ... <input type="checkbox"/>	Addition/Alteration <input type="checkbox"/>	Electric <input type="checkbox"/>
Duplex <input type="checkbox"/>	Roof <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Mobil Home <input type="checkbox"/>	Well <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Garage/Carport <input type="checkbox"/>	Demolish <input type="checkbox"/>	Other <input type="checkbox"/>

**Describe Other _____

**Identify type of structure or location within structure where work will be performed. i.e. Kitchen, Shed, Gazebo, etc. _____

Will Trees be Removed: Yes ☐ No ☐ If Yes Complete Arbor Permit.

UTILITIES

Septic Tank ☐ Well ☐ Public Water..... ☐ Public Sewer..... ☐
Existing Well..... ☐ Utility Letter (Include utility letter from appropriate agency) ☐

SUBCONTRACTORS

	Seminole County Occupational Lic #	State of Florida License # Reg/Cert	Card Holder's Name
Elect.	_____	_____	_____
Mech.	_____	_____	_____
Plumb.	_____	_____	_____
Roof	_____	_____	_____
Other	_____	_____	_____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the permanence or construction.

Signature of Contractor

Date

Signature of Owner

Date

RESIDENTIAL WORKSHEET

COMPLETE ITEMS ON WORKSHEET BELOW IF PERMIT TO BE ISSUED FOR OTHER THAN SINGLE FAMILY RESIDENTIAL NEW CONSTRUCTION.

ELECTRIC

Electric Company	Florida Power Corp. []	Florida Power & Light []
Service Size	Old Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____
:	New Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____

ITEMS	UNITS	OTHER APPLIANCES	UNITS
Outlets & Switches (each)	_____	Water Heater	_____
Lighting Fixtures	_____	Dryer	_____
Outlets (Window A/C)	_____	Dishwasher	_____
Continuos Receptacle Strip Per Outlet	_____	Electric Range	_____
		Cook Top	_____

SERVICE

Number of Amperes	_____
Each Sub Feed Panel	_____
Temporary Pole	_____

Built-in Oven	_____
Exhaust Fans Under 1/4 HP	_____
Exhaust Fans 1/4 to 1 HP	_____

ELECTRIC WELDER

Transformer Type	_____
Up To and Including 50 Amps	_____
Over 50 Amps	_____

HVAC EQUIPMENT

Number of Kilowatts	_____
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OTHER ELECTRIC:

Electric Elevator	_____
Pool Wiring	_____
Change of Service	_____
Pump Service	_____
List Other and Describe: _____	

POWER TRANSFORMERS

List No. Kilowatts (KVA)	_____
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MOTORS & GENERATORS

Horsepower (List HP)	_____
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GENERATOR TYPE

Time Switch	_____
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MECHANICAL: Valuation of Work: \$ _____

PLUMBING: Number of Traps: _____

WELLS

CONSTRUCTION: Shallow Well [] Deep Well [] Abandonment of Well []
Pump/Pumping Equipment Installation []

NOTE: Water System Supplying More Than 25 People, A Construction Permit Through St. John's River Water Management District Must Have Approval Through The Dept. of Environmental Services at State Level.
All wells over 4" in diameter shall have a construction permit and consumptive use permit prior to a permit being issued by the Building Division.

ROOF

Flat/Build Up . []	Wood Shingles/Shakes . []	Asphalt/Fiberglass ... []
Tile []	Slate []	Other _____ []

I hereby certify that at the time of the application and issuance of the above permit, all necessary Workmen's Compensation Insurance required by the state of Florida has been obtained to effect the proper protection of those workers under my employ.

SIGNATURE OF CONTRACTOR

DATE